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**Title:** A concise review of radiosurgery for contemporary management of pilocytic astrocytomas in children and adults

Sager O *et al.* Radiosurgery for pilocytic astrocytomas

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Dear Editor,

We would like to thank the Editorial Board and the expert reviewer for constructive suggestions and insightful comments to improve the quality of our manuscript.

In light of the comments for authors, the manuscript has been revised as follows:

### **Comments for Authors**

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Experimental Medicine, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Specific Comments To Authors: The authors reviewed radiosurgery for contemporary management of pilocytic astrocytomas in children and adults. This minireview is interesting and of some significance to the clinical field, attracting the attention of readers. However, some issues have to be addressed. The form of the table in the article should adopt the form of three-line table. Acronyms in the table need to be given full names in the table annotation so that readers can better understand the information in the table. The number of total references is a bit outdated, maybe a little more related references could also be cited. Scientific Quality: C Language Quality: B Recommendation: General accept

General comments: This is a mini-review article about stereotactic irradiation, including stereotactic radiosurgery (SRS) and radiotherapy (SRT), for pilocytic astrocytoma in children and adults. It includes some data condensed from previously published reports and is written in an easy-to-read style. This review will help readers understand the indication and efficacy of stereotactic irradiation for pilocytic astrocytoma, although it is not a common tumor. However, there are some problems that the authors need to clarify and revise as mentioned in the specific comments below.

Specific comments: 1. Table 1 Trifiletti et al. treated with SRS and SRT. Please give information about a marginal dose and fractionation of SRT. Simonova et al. and Lizarraga et al. also used SRT at total doses of 25 Gy and 50.4 Gy,

respectively, for the treatment of this disease. Please clarify the fractionation (5 fractions in the former and 28 fractions in the latter?). 2. Radiosurgery for pilocytic astrocytoma, page 12, lines 4–6 The authors wrote “Another advantage of radiosurgery is the completion of therapy in a typically shorter overall treatment time with a condensed schedule, usually in a single session or in a few fractions...”. It is strictly defined that SRS is performed with a single fraction and SRT is with two or more fractions. I suggest rewriting this sentence so that it is a correct description. 3. Conclusion and future perspectives Do the authors which is better for pilocytic astrocytoma, SRS or SRT, think? If any, please show the authority.

#### **Relevant Modifications**

**We, all authors, feel obliged to acknowledge our debt of gratitude for insightful comments and excellent handling of our manuscript.**

**1.** In light of the comments for authors, Table 1 is now modified to include detailed radiation doses used in studies by Trifiletti et al., Simonova et al., and Lizarraga et al.

Also, we have now provided standard three-line table including only the top line, bottom line, and the column with other table lines hidden. The contents of each cell in the table do now conform to the editing specifications, and the lines of each row or column of the table are now aligned.

**2. The sentence** Another advantage of radiosurgery is the completion of therapy in a typically shorter overall treatment time with a condensed schedule, usually in a single session or in a few fractions, which may be particularly well suited for children with requirement of anesthesia during irradiation. ”

**in the Abstract and the text is now modified as**

“Another advantage of radiosurgery **may be** the completion of therapy in a **usually** shorter overall treatment time, which may be particularly well suited for children with requirement of anesthesia during irradiation.”

**as recommended by the esteemed reviewer.**

**3. The sentence “We believe that both SRS and SRT may be considered as viable radiosurgical methods for management of PA and selection between SRS and SRT should be based on patient, tumor, and treatment characteristics.” is now added to the Conclusion and Future Perspectives section to address the authors’ considerations regarding this issue.**

**Also, Article Highlights section is now added at the end of the text, and the whole manuscript has been thoroughly checked for grammatical errors, syntax, and intellectual content. Relevant modifications were performed throughout the manuscript to avoid grammatical, semantical/stylistic and typographical errors.**

**Finally, we, all authors, acknowledge our debt of gratitude to the distinguished Editorial Board and the expert peer-reviewer who contributed greatly to the improvement of the quality of our manuscript to reach a considerable level of publication in the esteemed “World Journal of Experimental Medicine”.**

**Thanking you and the expert reviewer again for the meticulous review process and excellent handling of our manuscript,**

**We remain with our Kindest Regards**

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